DOCUMENT RESUME

ED 201 949 CG 015 180

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TITLE The Children of Aged Parents: A Self Help Network.
PUB DATE Nov 80
NOTE 13p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (33rd, San Diego, CA, November 21-25, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Development; *Aging (Individuals); Coping; Emotional Adjustment; *Family Relationship; Gerontology; Individual Needs; *Parent Child Relationship; Problem Solving; Program Descriptions; *Self Help Programs; *Skill Development; *Training Methods

ABSTRACT

This paper describes a program providing support, education, and skill-building within a self-help format for the children of aged parents. The selection of the 18 initial program members, each with relatives living either in their homes, in a nearby location, or in nursing homes is reviewed. The 90-minute group sessions which met weekly for 8 weeks are outlined; techniques used in these sessions are described, including lectures, role playing, creative problem solving, panel discussions and guest speakers. The summer follow-up sessions are detailed, with an emphasis on the third session as a full day of training participants to become lay leaders for future groups. Comments on the seminar design are presented with examples of group members' responses to the program. Objectives of the program are outlined and the achievement of program goals is discussed. The adjustment process experienced by a family when a parent shows signs of mental or physical deterioration or after placing a relative in a long-term care facility is presented as a transition through the stages of loss, denial, acknowledgement, action, and acceptance, a process which provides a theoretical rationale for the effectiveness of the group networking method. (Author/NRB)

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The Children of Aged Parents:

A Self Help Network

by:

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The Children of Aged Parents; A Self-Help Network

Middle age is viewed by some researchers as the time when the individual discovers that as much time lies behind him as lies ahead of him. A large part of the individual's emotional energy goes into resolving the ensuing crisis or transition. There may even be a feeling of being on the brink of senility or death, a gradual or abrupt realization of the loss of certain youthful characteristics, or the appearance of some benchmark event such as a heart attack. (Levinson, 1978; Brill, in process). This is also the time when an individual is most apt to be faced with the dependency or illness of one or more of his parents, thus bringing him face to face with the realities of aging in an undeniable way. With the death of a parent we are suddenly in the position of being "next in line" (Silverstone and Hyman, 1976). Our parents are a constant reminder of our own aging and can become part of our own denial of the aging process, thus limiting our ability to cope with or respond to their needs. Individuals who respond positively in the beginning of a parental crisis may report negative feelings and increased stress three to five years later (Robinson and Thurnher, 1979).

At a time of increased stress, such as the one described above, and in life crises of any type, the importance of friendships, especially same sex friendships, cannot be overemphasized (Vaillant, 1977). Even without empirical data, our own experience and the success of such groups as Alcoholics Anonymous and many other support groups for individuals undergoing difficult transitions would supply us with the same data. One problem in fulfilling this need for support is the misconceptions about responsibility to one's parents and the tendency to be judgmental toward those who fulfill their obligations in ways we find less than adequate. A favorite statement by someone who has never experienced the trauma of parental aging, is "I could never...!" This response, perhaps heard on our own lips from time to time and still echoing in our psyche, inhibits support seeking behavior.

The need for such support groups has resulted in efforts to provide networks in various places and in various forms around the United States. Most of them provide a place to ventilate feelings in an accepting climate, some education about the aging process, community resources for aiding one's parents and even counselors from various fields of expertise (Harris and Harris, 1980). The rather informal networking that results is helpful in accepting one's limited ability to solve the problems of aging as they relate to one's own parent and in learning various problem-solving techniques. The more sophisticated designs provide for the additional benefit of a therapeutic component (Silverman, Kahn & Anderson, 1977). The limiting aspect of these groups is the nature of their leadership. In the cases that have come to my attention, the leadership is provided by professionals, thus limiting the availability of the groups and, in my opinion, not providing the abundance of groups necessary to make them available to all those who are seeking help. Occasionally an enterprising individual who is involved with her own parental crisis will initiate a course based on one of the books on this subject. Although this is helpful, the uninitiated leader may break some fundamental rules of group leadership and thus undercut her own efforts.

From reading the literature and from talking to various individuals who have begun such groups, there seems to be two basic components: support and education. To these I have added an outreach program, one that uses trained lay persons as well as professionals in order to reach the widest possible number of those who need help, and a skill-building program because of my belief that families need more than a place to "let off steam"; they need more than information about aging, about nursing homes, about geriatric psychiatry and podiatrists. They need skills; they need to learn adequate communication skills, how to respond to the feelings that lie below a parent's words, how to identify the real problem and alternative solutions, how to examine their own priorities. And they need this help available at a minimal cost within a reasonable distance. From March to May 1980, with funding from the Dolfinger-McMahon Foundation we at the Center for the Study of Adult Development, a non-profit organization, affiliated with the Department of Psychiatry, University of Pennsylvania, piloted the support group which answers this need: providing support, education, and skill-building within a self-help format.

Group Membership

As we examined alternatives for contacting prospective participants for the 8-week seminar, Darrell Sifford of the Philadelphia Inquirer, interviewed me and his interview appeared in the Inquirer column in February, 1980. Approximately 100 persons called the Center (Center for the Study of Adult Development) in the following two weeks. Their needs ranged from "desperate" to "interested". This group, combined with individuals previously contacted through mass media appearances, provided a mailing list of about 120 persons. A letter explaining the program goals and objectives was sent to each person along with a registration form. The registration form included data about their family and work situation, a survey of their feelings and a request for a $5.00 registration fee. The fee was an indication of the seriousness of their intention to attend the course and was refunded to those who were not selected. Selection criteria were the immediacy of the individual's need and the likelihood that the individual would be interested in continuing as part of a self-help group. The final makeup of the group included nine individuals with a relative in a nursing home, six who had an elderly relative living with him/her, and three whose parents lived nearby, for a total of eighteen members. The participants came from Philadelphia and suburbs and one from as far away as Reading. The meetings were held from 10:00-11:30 a.m. at the Leonard Davis Institute, Wharton School, University of Pennsylvania campus. Several employed members took personal leave on Monday mornings in order to attend. The first meeting was March 17, 1980 and the last was May 12, 1980.

Course Content

SESSION I

Introductions
Criteria for Group Membership
Small Group Sharing

SESSION II

"Getting to Know You"
Feedback from 1st Session
Group Expectations
Active Listening Lecturette
Beginning of Parent-Child-Observer Exercise

Course Content continued...

SESSION III

Reflections & Comments
Continue Active Listening
and Parent-Child-Observer

SESSION IV

Review names
Begin Creative Problem-Solving
Brainstorming
Owning the problem
Begin Force Field Analysis

SESSION V

Continue Force-Field Analysis
(Small Group Triads)
with outcome of Statement of Problem & Goal Statement

SESSION VI

Creative Problem Solving (cont'd)
Values Clarification
Quantification Techniques

SESSION VII

Panel Discussion

SESSION VIII

Evaluation
Future Planning

The first session was primarily a sharing session. The leaders (myself, Lucille Pack (a Center colleague) and Carole Gifford (a Temple graduate student)) introduced ourselves and told how we were personally involved as family of our own elderly and then what our professional interest was. The first question asked was, "How did you select us?" I outlined the selection process, explaining that we had tried to make a judgment as to how likely the individuals were to want to continue as trainees for a self-help group. After explaining the outline of the course, we broke into three small groups to share our experiences. We came back into the large group to exchange impressions, the most important of which was the "similar yet different" experiences each one was going through. The similarity was the "feeling of guilt and aloneness"; the difference lay in each separate relationship and physical circumstances.

After an introductory "getting to know you" exercise in the second session, the group shared impressions from the first meeting and then listed expectations they had for the course. I gave a short lecturette on Active Listening skills, (Carkhuff, 1980), role-played Active Listening with Lucille Pack, and broke the group into triads (groups of three persons) to begin Active Listening practice. To do this we used an exercise called Parent-Child-Observer in which one person plays his/her elderly parent, while another plays the middle-aged child. The "observer" watches and gives feedback at regular intervals. After thirty minutes the roles are switched so that everyone has an opportunity to practice the skill in question. This exercise was used with each new skill and the triad was the basic small group unit. This exercise continued into the third session.

Creative Problem Solving was introduced in the fourth session and continued into the fifth and sixth sessions. Our creative problem-solving technique has four basic components:

- Brainstorming
- Owning the Problem
- Force Field Analysis
- Values Clarification

Brainstorming is a technique in which a group or an individual generates a list of some kind without any censoring during the process. Owning the Problem is a lecturette or explanation of the solvability of problems if stated in terms of one's own area of responsibility. Force Field Analysis enables the individual to look at the forces which restrain him/her from goal achievement. Values Clarification gives a person the ability to find out what is really important in his/her life. The actual method used (pair-wise comparison) results in a numerical ranking and scoring.

Session VII was a panel discussion and question and answer period with four guest speakers: Ms. Kit Peabody, R.N.; Continuing Education Director and Reality Orientation Therapist of Manchester-Bishop-Dowden Homes in Media, PA., Ms. Anneta Kraus, R.N., Director of the Geriatric Planning Service in Wallingford, Pa., Ms. Rose Locker, R.N., Director of the Adult Day-Care Facility at the Philadelphia Geriatric Center and Reverend Brayton Gifford, D. Min., full-time Chaplain for Manchester-Bishop-Dowden Homes. The discussion was lively and seemed to produce some appreciation of the various viewpoints. The eighth and last session was devoted to summarizing and planning our three summer follow-up training sessions. We ended with a "brown bag" lunch party.

First Follow-Up Session

The first follow-up was held on June 16, 1980 at the home of one of the participants. The following were outcomes of that meeting.

- A committee was formed to decide on our name, statement of purpose and logo, and present information to our July meeting.

- Group members agreed to bring separate lists of professional and lay persons who should be contacted before the next group begins and/or before the Fall Symposium.

- The July time will be used for personal development (first 90 minutes) followed by the business meeting.

- The August meeting should be a full day of training for the fall workshops and/or seminars.

Second Follow-Up Session

The morning of the second follow-up session on July 19th was devoted to sharing among group members concerning the status of their relationship with their parents since our last meeting. Two or three members whose relationships were in considerable distress were then counselled by other members and the leader through the use of Active Listening and problem solving techniques we had learned in our 8 week seminar. After a bag lunch we proceeded to a training session. Since there were only five members of the group that day, we decided to do a rather sketchy overview of the training we wanted to do in August. We did some planning and general discussion of the goals for our August meeting.

Third Follow-Up Session (Training)

Our first complete day of training (with eleven participants), August 19th, began with the morning of self-awareness of oneself as leader followed by an hour lecture on Adult Developmental Transitions. After lunch we proceeded into actual leadership situations followed by process sessions in which we examined our feelings on the success or lack of success of our own leadership styles. A lecture on Responsible Feedback was given immediately before the leadership role plays in order to teach participants how to give non-threatening and constructive feedback to fellow group members.

Comments on the Seminar Design

Since we were trying to select lay trainees for future programs, the selection criteria were important. A three page registration form (available upon request) was used and carefully read for clarifying need and willingness to be helped as well as to help others. This would not be so vital if the goal were not to extend leadership to lay leaders.

The initial ground rules of accepting whatever feelings are expressed without criticism must be explained before any sharing or discussion begins. The openness of the leaders to share their own "stories" and feelings facilitates early bonding between the group leaders and the participants.

"Owning the Problem" is a key concept and the problem-solving is based on identifying the piece of the problem for which we have the responsibility in the sense that we can influence its outcome. The greatest resistance occurs during this part of the design but once accepted, it also gives participants the greatest reward since they begin to experience a feeling of control over their circumstances. However, the panel discussion and its question and answer period led to a lapse back into some blaming behaviors. This may have been due to the makeup of the panel but I have revised the seminar and am using the seventh session for a lecture and discussion of Adult Development and the impact of developmental transitions on our lives.

The follow-up sessions should involve a two-part process: (a) a sharing or personal development time, and (b) a planning or training time. When we eliminated the first part by doing this informally, the group responded by requesting that we structure the sharing to make sure that everyone is involved and that Active Listening is used.

Response of Group Members

The response of the group has been extremely positive and enthusiastic. At our first follow-up session, one woman said she felt "reborn". At the very first session I was hugged by someone who said she "loved me for doing this." Following are excerpts from participants letters:

"I'm still sad, angry and at times frustrated but not nearly as much so! I know my listening skills were non-existent and now I feel my 'listening' helps in all areas of my life. Your class started me growing again. It invigorates me and I am deeply grateful."

"I want to think you for accepting me at the sessions you held; it has helped me so much when I needed it so much."

"And so, almost as a by-product, I am regaining a share of control over my own life and time. Not through abandoning her, (my mother in-law), but by meeting her real needs as they have developed. Glory be!"

"I wanted to express my gratitude for the COEP group that was formed in March 1980. Going to these meetings has given me a better understanding of how to cope with my feelings about having my mother in a nursing home. Being able to sit down with other people in the 'same boat' and discussing the events that have taken place and that are taking place now, helps me to carry on with my daily life. I really need this!"

"I am grateful to you, and I am looking forward to the time when this group meets again. I wish to continue being active and would like to help others who find themselves burdened with the same problem."

"I am writing first of all to thank you for the program which you recently conducted for the families of the aged. I both enjoyed and benefited from the meetings, and I think there was a feeling that everyone else did as well. While it may have been one of the more simple techniques you demonstrated, I think I gained most from the active listening approach. It was something I had not previously been doing, and when I have been able to practice it, it has been most successful."

"I want to thank you for accepting me at the sessions you held. It has helped me so much when I needed it so much. I am now able to see things differently. Thank you so much."

Perhaps the most enlightening part of the 8 week seminar for me as the leader is exemplified by this comment from a participant, "I have finally, I think, located one of my (restraining forces), a reason why I haven't been able to let go and move her (my mother in-law) before. Pity and compassion, yes, but also I wanted something from her. I wanted her to love me. She's sweet, generous, cheerful, (etc.) but she's never going to have a loving relationship with me. That's okay...her horizon is so reduced (now), she doesn't have the capacity."

As the group progressed we discovered that this was true for many of us, that our desire to be and to do something in the lives of our elderly parents was often determined not by our parents' needs, even a desperate plight that they were in, but by our own needs and desires. It was dictated from within us, not by circumstances.

"So the eight weeks are over. I can remember my hesitation when you phoned me. Partly I was wondering how I'd be able to arrange for Elinor's care. But also I was thinking, "Can I bear to face any more pain?" I knew the room would be full of people who were hurting as I was hurting, as the participants in my church class had been hurting. More problems, more burdens, more sorrow I didn't need. I didn't really need a social support system, either, I'm blessed with many, many friends, within and without the church, and a helpful family. Lots of people have been holding me together all year. What I needed was some perspective, some information, some skills, and an orderly way of thinking about my relationship to my mother-in-law. Needless to say, I received all that and more from my participation in the group, and I am very grateful. As I have gotten to know the other members of our group, I have been struck with how much else is going on in their lives besides the elderly-parent issue. Each is reacting to it all in a characteristic way. Those who have been the most receptive to your teachings have found them spilling over into relationships with their children, their husbands, their relatives, and their friends. Apparently growth is all of a piece and cannot be compartmentalized. So your ministry to us is perhaps even more effective than you anticipated."

"A small miracle is happening in my existential situation. After weeks of 'kicking and screaming' and more weeks of foot dragging, Doris is beginning to have positive feelings about going to the Club. In fact, she asks to be taken there! She is beginning to realize that the other residents are good folks, good company, and her friends. Though she can't remember their names, she is coming to trust them. John and I are learning that she is, in truth, better off at the Club than in our home. With her comprehensive inability to organize herself, what she needs, from moment to moment, is to join someone else in an activity. John and I do many things (gardening, letter-writing, cooking, etc.) that she cannot participate in. Out there, she can always "help" somebody watch TV, go for a walk, or whatever. There are more people around, so there is always somebody providing an appropriate cue."

Goal Achievement

The original objectives for the program were:

1 - To establish a community-based self-help group for/of the children of the aged in the Philadelphia area.

2 - To use this core group to "seed" other groups in nearby areas.

3 - To pilot methods, techniques and guidelines for the establishment of such groups.

The first objective has been accomplished on a small scale, although the group is not totally independent yet by any means. The interdependent network has been established within this group. As of October, we will have at least one additional group beginning and several requests for help with beginning this activity elsewhere. The methods and techniques have been tested and with only a few adjustments will be used again this fall. Since we already have at least two new local groups scheduled for 1981, our "seeding" has been relatively successful.

The Adjustment Process

From January to August, 1980, Reverend H. Brayton Gifford, (D. Min.) and I conducted several four-session seminars for the families of nursing home residents. (Dr. Gifford is a full-time chaplain for three nursing homes.) This shortened version of the seminar emphasizes visiting and communication skills (Active Listening, etc.), establishes a peer support group, and uses the discussions and sharings to help families cope with their feelings of grief and guilt. In 1977, I had described the process which families seemed to go through when a parent shows signs of mental or physical deterioration or after placing a relative in a long-term care facility. Dr. Gifford had also developed a description of the same process. By combining our perceptions and observations we were able to describe the process in considerable detail. (See Figure 1) We then presented this description as part of our seminars and asked participants to 1) comment on its accuracy in terms of their own adjustment process and 2) if possible, to indicate where they were within that process.

Denial of Loss

The process usually begins when the family experiences some type of loss. This can be an illness of the parent during which they need help from the family; it can be caused by something as important as the death of a spouse, or a forgotten appointment. It includes losses such as the loss of one's privacy and lifestyle because a parent begins living with a son or daughter; it can be the loss an adult child feels when a parent's personality changes from emotional or physical illness. The suddenness of the change can be the key (Hausman, 1979) or the slow erosion of the traditional parent-child relationship. The quality of the relationship does not seem to be of supreme importance. Individuals who love their parents experience trauma as do those with a tradionally adversary relationship.

Denial takes place as families attempt to maintain the status quo in spite of evidence of loss. They deny that the parent is different, is less able to maintain him or herself, is assuming a different role in the relationship. Some families overcompensate, rushing in too soon with too much support; others deny the need for changing any aspect of the relationship. The tension which results leads to pain, anger and resentment. Feelings of frustration and guilt arise, thus blocking attempts at problem solution by various family members and friends. By denying loss, families deny themselves the privilege of grieving, a very necessary step in adjustment to any loss. When some form of grieving does take place, then there is a move toward acknowledgement of the real situation, toward realization that change in the relationship is taking place and needs to be dealt with. (Kiibler, Ross, 1969)

Action

At this point, various action alternatives will be examined and discussed. A trial solution is often attempted. This can be an internal emotional movement or an actual physical movement. The fact that acknowledgement has taken place and some action taken will result in relief of the tension that has existed previously. The best example of this is the relief felt by a family immediately after moving a parent from their home to a long-term care facility. The relief of being able to sleep without worry and have more freedom is tremendous. However, this is followed by a period of doubt concerning the action taken. Was it really necessary? Did we examine enough alternatives? Is she/he happy? Was it the right thing to do? The doubt quite often leads to intense guilt which can be expressed by anger at self (depression, self-deprecation) or at others (e.g. family, nursing home staff). Two antithetical reactions to these feelings are

THE ADJUSTMENT PROCESS

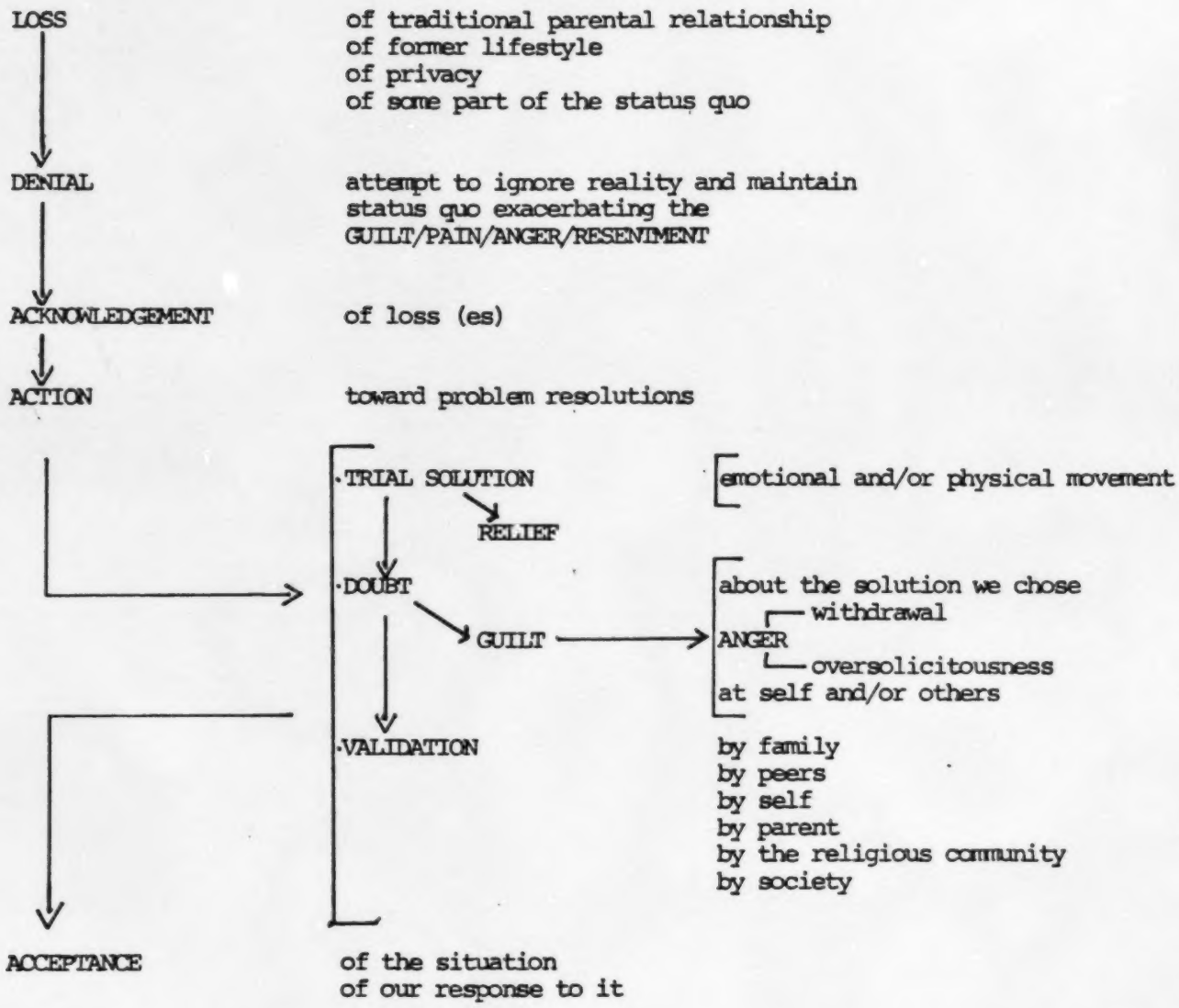

Figure 1

withdrawal from the parent's situation or oversolicitousness about him/her. In the nursing home situation one may see a gradual lengthening of time between visits as well as shortened visiting times. The opposite also takes place — daily visits of several hours duration, responses which could both be maladaptive. The doubt can be resolved at least in part by validation of the action by self or others. Validation by self can occur when an illuminating incident takes place and the individual appreciates the wisdom of his/her choice. Validation can be facilitated by others — family members, friends, peers (e.g. other nursing-home residents families), by society and even to some extent by God (e.g.,"My priest says I did the right thing"; "This place was an answer to prayer.")

This phase highlights the importance of a peer support group. The members, seen as loving, caring, responsible sons and daughters have taken some action and/or are struggling with guilt and anxiety — therefore, "I can be struggling with this problem and still see myself as a loving, caring, responsible son or daughter". The group interaction format as opposed to a lecture format is essential to the success of the program when viewed from the standpoint of validation. Group members validate each other during interaction if the climate is established as accepting and supportive.

Acceptance

Once the action has been validated, acceptance of the situation and of one's response to it can take place. Acceptance may be only partial at first as adult children struggle to validate and accept themselves.

As we checked this process out with our groups, participants 1) identified strongly with the process, b) could point out their own location in the process, c) felt the process was cyclic and could be lived through many times and with great rapidity, especially the trial-doubt-validation segment. In fact the group felt that this was a continuous process, a factor which aggravated the stress involved since complete and absolute acceptance is elusive if not impossible to attain. This aspect of the process exemplifies its difference from the stages of acceptance of dying (Kübler-Ross, 1969) since the ever present reminder of grief is there in the person of the aged parent.

Conclusions

In various areas of the country and in various organizations support groups for families are being held. Such groups answer an almost desperate need in our society. Certainly the evidence of abuse of the elderly points to the necessity for a family solution rather than a purely legal or institutional solution. It also indicates the need for more than support and education but for some therapeutic content as well (Silverman, Kahn and Anderson). However, the fact is that having trained professional therapists leading such groups is not financially nor even physically feasible. The need is too widespread and many individuals who need help don't seek it for various reasons. For these reasons I believe (and have some evidence to support this belief) that a design such as the one described above will attract both professional and lay leaders, thus ensuring to families greater availability of help than is now possible (By late 1981 both a Self-Help book and a Leader's Handbook should be available).

This process does not eliminate the need for a therapeutic intervention when called for, nor does it replace the more common education and information seminars. As an adjunct to both of the above, it serves a valuable function in helping individuals identify their true needs and in promoting self-help skills rather than dependency-seeking behavior.

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